REST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 563 • 2 - 982 8

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			(Column 1)		(Colu	(Column 2)		TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			184				L	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUME	SER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/ Minus 20=		*	34 32		X\$ 9=		OR	X\$18=	576
	EPENDENT CL		∫ minus 3 =		*	3		X40=		OR	X80=	240
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				Ī	+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in o						column 2	L	TOTAL		OR	TOTAL	126
CLAIMS AS AMENDED - PART II								'			OTHER	THAN
		(Column 1)		(Colu		(Column 3) SMALL E			ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AINA	=		X40=		OR	X80=	
	THOTTHESE	NATION OF WE	OLIN EL DE	LINDLIN	CLAIIVI			+135=		OR	+270=	
i					•		_	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)								-		ADDIT.1 EE	The state of the s
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JUIPLE DEF	ENDEN	CLAIM			+135=		OR	+270=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	A	DDIT. FEE			ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	. O. A.13.4	=		X40=		OR	X80=	
	FINOI PHESE	NTATION OF M	ULTIPLE DE	ENDEN	CLAIM			+135=		OR	+270=	
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL	
***	If the "Highest Nu	mber Previously Pather Previously Pa	aid For" IN THI	S SPACE	is less tha	ın 3, enter "3."	^	DDIT. FEE L ad in the app	ropriate box		ADDIT. FEE I umn 1.	<u> </u>